SYNOPSIS

MAKING UNIVERSAL HEALTHCARE A REALITY: IMPLEMENTATION OPTIONS FOR INDIA AND LESSONS FROM OTHER GLOBAL AND EMERGING ECONOMIES

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A. Introduction:

Universal Health Coverage entails the availability and accessibility of preventive, curative, rehabilitative, and palliative health services, which are of adequate quality and do not place a financial burden on people availing services. Access to quality healthcare is a fundamental need of citizens and is the foundation for sustainable economic development. Being the second most populous country in the world and home to about 18% of the global population, India plays an important role in progress towards achieving the "health for all" sustainable development goal at a global level. Over the last few decades, India has made significant progress on the primary healthcare front. Various missions, programmes, and schemes have been launched over the years by central and state governments for propelling the country toward achieving the set targets. However, a large section of the population still lacks access to critical healthcare services. Recently, Indian government launched the National Health Protection Mission, 2018, which has two major components:

a. Establishment of Health and Wellness Centres
b. Pradhan Mantri Jan Arogya Yojana (PM-JAY)

For the first component 1,50,000 Health and Wellness Centres that will provide Comprehensive Primary Health Care (CPHC), covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services. The second component Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a significant step towards achievement of Universal Health Coverage and Sustainable Development Goal-3. It aims to provide health protection cover to poor and vulnerable families against financial risk arising out of catastrophic health episodes. PM-JAY which is a collaboration between the central and state governments designed to pay for tertiary healthcare for nearly 10 crore families across the country, covering about 50 crore people. Despite several desirable features such as pan India portability, public and private hospital empanelment, and deprivation-based entitlement, Ayushman Bharat faces several economic design issues.

Despite these multiple well-articulated policies designed over the years, India has seen variable success and lags in health performance due to significant implementation challenges.

B. Research Questions

India is a fast-growing economy and is counted among the top five economies of the world today. However, the healthcare scenario is seriously lagging with high burden of out-of-pocket expense and various healthcare access initiatives undertaken from time to time. On the other hand there are several similar-sized or smaller economies that have successfully launched and implemented various models for delivering healthcare for all. Hence, this research is intended to answer the following questions:

1. What are the various models and strategies that peer economies have applied for implementation of universal healthcare? How successful have those strategies been?
2. What can we learn, given the difference in population size, federal governance structure, healthcare infrastructure, resource constraints and growth ambitions for India?
3. How can the best practices be implemented in the context of India to make universal health coverage a reality within the available resources?
4. With the announcement of the ambitious Ayushman Bharat, a large proportion of the vulnerable population will be covered for hospitalization expenses. How will this scheme help in providing access to affordable healthcare?
5. What other solutions can be recommended for challenges encountered in the implementation of universal health coverage in India considering its diverse needs and resource-constrained setting?

E. Research Objectives

The aim of my research is to critically evaluate:

1. Various strategies that have been adopted by selected emerging peer economies (e.g., Brazil, Russia, China, South Africa, Thailand, Indonesia, Malaysia) and assimilate lessons from these models for India to overcome challenges for implementation of universal healthcare programme.

2. Potential impact of new flagship schemes on access to healthcare and out-of-pocket health expenditure, especially catastrophic health expenditure. Further, explore the

implementation challenges these schemes face and suggest possible solutions to make them more successful than the earlier policies and schemes to fulfil the objectives of universal health coverage.

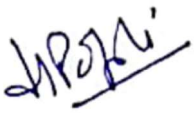
F. Research framework:

1. **Secondary Research**
   - Detailed study of Models adopted by various countries to make appropriate treatment accessible to their populations while balancing against their unique challenges
     - Primary care
     - Healthcare infrastructure and trained workforce availability
     - Financial protection and health insurance modalities
     - Countries Selected: BRICS: Brazil, China, South Africa, Russia; Others: Indonesia, Malaysia, Thailand
   - India landscape -affordability and universal accessibility issues
     - Healthcare spending trends – out-of-pocket and public health spend; Comparison vs. global economies
     - Historical perspective on Policy initiatives for managing healthcare access and costs in India such as ESIC, Rashtriya Swasthya Bima Yojana, National Health Mission, Rural Health Mission etc.
     - Policy Initiatives for managing healthcare costs in India
     - Infrastructure development
     - Challenges to the newly launched schemes such as PMJAY and Mohalla Clinics and their current status
2. **Expert Insights** through interviews with government officials and policymakers on challenges and solutions they foresee and with industry professionals such as pharmaceutical senior executives and hospital administrators and doctors for their views on opportunities and challenges for universal healthcare schemes and possible initiatives to address those challenges.
3. **Patients Perspective** – Utilization of the scheme among chosen disease segment and understanding the real-life pain points creating barriers to implementation. High-cost disease

segment such as cancer and high burden chronic disease such as diabetes requiring frequent and regular access to healthcare will be used as representative diseases for understanding the challenges for access and affordability.

Expected Outcomes:

Learning from the successes and challenges of other similarly resourced economies and combining these with the insights from experts as well as patients' perspective, this research aims to not only create an in-depth understanding of the implementation hurdles but also recommend solutions and actionable initiatives for addressing the most pressing issues and challenges in India's journey towards universal health coverage.



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Research Guide